

Client Name:

## I. General Information

Status:

Activity Status:

Type of Client:

☐ Bank

☐ Non-Bank

☐ Branch

☐ Subsidiary

☐ N/A

Name of Parent:

Address:

Country:

Telephone:

Fax:

Telex:

Swift Code:

New Client or  
Existing Client:

☐ New

☐ Existing

Date Account Activated:

Primary Account Number:

Other Accounts:

Is the Client or its Parent traded on an Exchange or State owned ☐ Yes ☐ No

Name of Exchange:

Is the Client's Shareholders' Equity 25 Million USD or more ? ☐ Yes ☐ No

Has the client been under the same ownership for the last 10 years ? ☐ Yes ☐ No ☐ NA (new bank)

Is the client owned by a state or located in a state listed on the "Current Members of the Financial Action Task Force List?" ☐ Yes ☐ No

Which Financial Action Task Force state:

Specify entity/agency/government office through which the client is owned, if applicable:

General comments:

Client Name:

II. Ownership/Management

1. Name of Principals (large shareholders - 10% or more) % of ownership

2. Name of Corporate Officers Title

3. Total Number of Employees:

4. Where is the Client incorporated:  
Year Established:

5. What is the Client's Rank in country (asset based

6. How many branches does the client have:  
Where ?

7. List license type and year of issuance:

8. Indicate reporting agency(ies) / supervisory body(ies) in the country(ies) of operation:

9. Please list principal affiliated relationships if any:

Client Name:

III. Referral Information

How was the client introduced to Republic ?

By whom:

Was the client recommended by anyone from Republic ?

☐ Yes ☐ No

If yes, by whom:

Indicate Banking References and Relationships ( List 3 ):

Reference documentation for Russia and NIS in Credit File ?

☐ Yes  
☐ No  
☐ NA (all other countries)

IV. Visitation

Was the client visited ?

☐ Yes ☐ No

If Yes,

Date last visited:

By whom ?

Call report in Credit File ?

☐ Yes ☐ No

If No,

Why Not ?

When is the visit expected:

Client Name:

V. Transaction Activity

The Know Your Customer (KYC) Policy requires a listing of the client's business activity with Republic. Please list:

<u>Transactions</u>	<u>Frequency</u>
Clearing (Funds Transfer)	
Check collection (Cash Letters)	
Guarantees (CD offset, Deposits)	
Asset Management	
Checks Printed	
Current Account	
Managed Account	
LCs / BAs	
Time Deposits	
Trading - Banknotes	
Trading - Precious Metals	
Trading - Options	
Trading - FX	
Trading - EMT	
Trading - Bonds	
Money Market	
Derivatives	
Trading - Securities	
FRA (Forward Rate Agreement)	
Swaps	
Commercial Line	
Loans	
Commitments	
Factoring	

**Client Name:**

**Activity Status:**

**VI. Banknotes Activity**

**For RNB Office:**

**1. Monthly average of sales by RNB:**  
(for new clients, enter anticipated monthly volume manually)

☐ Automatic    ☐ Manual

**Initial Trade Date**

**2. Monthly average of purchases by RNB:**  
(for new clients, enter anticipated monthly volume manually)

☐ Automatic    ☐ Manual

For BN figures refer to paren ☐

**3. Are there seasonal variations in volume of activity?**  
If so, explain:

**4. Credit limit per transaction**

**5. Currencies traded:**

Mainly Non USD ☐

**6. Please describe the reason for dealing in banknotes transactions including with whom this client is dealing - retail, wholesale, domestic, cross border etc. :**

**7. Where will Banknotes be shipped to:**

**8. Where will Banknotes be shipped from:**

**9. Method of settlement:**

Wire transfers from:

Wire transfers to:

Debit/Credit RNB account #:

**10. Credit line requested (including secured):**

☐ Yes    ☐ No

Credit approval received:

☐ Yes    ☐ No

**Date Approved:**

**Banknotes Signature Section**

**Status:**

I have reviewed the information listed above and the "Know Your Customer" and "due diligence" criteria. I recommend this bank for Banknotes business.

**Name of the Trader/Banknotes officer authorized to sign:**

**Electronically signed by:**

**Name of Unit Manager authorized to sign:**

**Electronically signed by:**

**Legal department authorized to sign:**  
(if required by KYC policy)

**Electronically signed by:**

Client Name:

VII. Financial Summary ( To be completed only on initial KYC )

Financial Statement Date:

☐ Automatic (from BankSta

☐ Manual

Currency:

Exchange Rate:

Note: All amounts are in

Assets:

Loans:

Deposits:

Shareholders Equity:

Net Income:

VIII. Documentation Checklist

For counterparties that are not traded on an Exchange

List of Authorized Signatories and/or Corporate Resolution

☐ Yes

☐ No

☐ N/A

If no, explain:

Articles of Incorporation and/or Copy of Banking License

☐ Yes

☐ No

☐ N/A

If no, was it waived?

☐ Yes

☐ No

☐ N/A

Current Annual Report or Current Financial Statement

☐ Yes

☐ No

☐ N/A

Date of Statement:

For counterparties that are traded on an Exchange or State owned

List of Authorized Signatories and/or Corporate Resolution

☐ Yes

☐ No

☐ N/A

If no, explain:

Current Annual Report or Current Financial Statement

☐ Yes

☐ No

☐ N/A

Date of Statement:

For Russia and N.I.S. and other countries as designated

Copy of Banking License

☐ Yes

☐ No

☐ N/A

**Client Name:**

**Signature Section**

We have reviewed the information provided above in the context of Republic New York Corporation's "Know Your Customer" policy and "due diligence" requirements and criteria. Based on the following summary of reasons, we feel comfortable recommending this bank for banking business. Briefly describe client's own KYC policy, procedures and practices.

**Summary of reasons:**

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**Name of Global Relationship Manager  
authorized to sign :**

**Electronically signed by:**

**Name of Unit Manager authorized  
to sign:**

**Electronically signed by:**

**Executive Dept. authorized to sign:  
(if required by KYC Policy)**

**Electronically signed by:**

**Legal Dept. authorized to sign:  
(if required by KYC Policy)**

**Electronically signed by:**